

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Carol Platt for Congress

ADDRESS (number and street)

4417 13th Street

Box 172

St. Cloud

FL

34769

☐ Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00544635

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

08

D D /

07

Y Y Y Y

2014

through

M M /

09

D D /

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Watkins

Signature of Treasurer

Nancy Watkins

[Electronically Filed]

Date

M M /

10

D D /

15

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

## of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Carol Platt for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	70103.50	357719.04
(b) Total Contribution Refunds (from Line 20(d)) .....	150.00	1350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	69953.50	356369.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	80239.81	342183.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	80239.81	342183.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14188.59	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	56304.91	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Carol Platt for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

48825.00

139590.02

(ii) Unitemized.....

8078.50

132592.76

(iii) TOTAL of contributions from individuals ▶

56903.50

272182.78

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

13200.00

21700.00

**(d) The Candidate.....**

0.00

63836.26

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

70103.50

357719.04

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.30

3.15

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

70103.80

357722.19

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80239.81	342183.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	150.00	1350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	150.00	1350.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	80389.81	343533.60

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24474.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	70103.80
25. SUBTOTAL (add Line 23 and Line 24).....	94578.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80389.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14188.59

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald L. Alderman**

Mailing Address 121 N. Collins Street, #203

City State Zip Code  
Plant City FL 33563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McGrath & Alderman AppraisalOccupation  
appraiser

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.12059

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**James L. Andersen**

Mailing Address 805 W. Crystal Beach Road

City State Zip Code  
Eagle Lake FL 33839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		23		2014

Transaction ID : SA11AI.11691

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Clayton Archey**

Mailing Address 1740 Rebel Run

City State Zip Code  
Oviedo FL 32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL Nursery Growers LandscapeOccupation  
manager

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11932

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jack Arnold</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 8321 Crosswicks Drive		<b>Transaction ID : SA11AI.11992</b>	
City Orlando	State FL	Zip Code 32819	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ron Avery</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 9469 Waterford Oaks Drive		<b>Transaction ID : SA11AI.11854</b>	
City Winter Haven	State FL	Zip Code 33884	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pinnacle Express, Inc.	Occupation executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Norman Black</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 1860 Pinnacle Drive		<b>Transaction ID : SA11AI.11936</b>	
City Lakeland	State FL	Zip Code 33813	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2650.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**David Bridges**

Mailing Address P.O. Box 927

City

Polk City

State

FL

Zip Code

33868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David Bridges Insurance Agency

Occupation

insurance agent

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11937

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Brenda Bronson**

Mailing Address P. O. Box 420879

City

Kissimmee

State

FL

Zip Code

34742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

rancher

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.12069

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Jacqueline Brown**

Mailing Address 2244 Cattle Drive

City

Kissimmee

State

FL

Zip Code

34746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.12143

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Andy Buchs**

Mailing Address 585 Via Lugano

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Florida Oral Surgery

Occupation

oral surgeon

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2014

Transaction ID : SA11AI.11789

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Tracy Chapman**

Mailing Address 2435 Mikler Road

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A. Duda & Sons, Inc.

Occupation

executive

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2014

Transaction ID : SA11AI.11900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Rex Clonts**

Mailing Address 6265 Lake Charm Circle

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

citrus grower

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2014

Transaction ID : SA11AI.11919

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**J. David Collins**

Mailing Address 7322 Bent Grass Loop

City

Winter Haven

State

FL

Zip Code

33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Village Realty

Occupation

real estate broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2014

Transaction ID : SA11AI.11571

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Benjamin Crosby**

Mailing Address 2558 Partridge Drive

City

Winter Haven

State

FL

Zip Code

33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crosby &amp; Associates, Inc.

Occupation

real estate broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.11579

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**Benjamin Crosby**

Mailing Address 2558 Partridge Drive

City

Winter Haven

State

FL

Zip Code

33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crosby &amp; Associates, Inc.

Occupation

real estate broker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.11784

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mary Lou Davis</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		29		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		29		2014									
Mailing Address 6200 Metro West Blvd., #103		<b>Transaction ID : SA11AI.11889</b>											
City Orlando	State FL	Zip Code 32835											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer State Farm	Occupation insurance agent												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>250.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Duane</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		20		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		20		2014									
Mailing Address P.O. Box 4308		<b>Transaction ID : SA11AI.11866</b>											
City Ocala	State FL	Zip Code 34478											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2600.00</div>											
Name of Employer self-employed	Occupation real estate broker												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>5100.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Patricia Duane</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		20		2014
M M M	/	D D D	/	Y Y Y Y Y									
09		20		2014									
Mailing Address P.O. Box 4308		<b>Transaction ID : SA11AI.11867</b>											
City Ocala	State FL	Zip Code 34478											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2600.00</div>											
Name of Employer self-employed	Occupation artist												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>5100.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>5450.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial) <b>Emily F. Duda</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 24 / 2014</b>
Mailing Address <b>2451 Mikler Road</b>		<b>Transaction ID : SA11Al.11928</b>
City <b>Oviedo</b>	State <b>FL</b>	Zip Code <b>32765</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>n/a</b>	Occupation <b>homemaker</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>William Eshenbaugh</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 18 / 2014</b>
Mailing Address <b>2502 N. Rocky Point Drive, #675</b>		<b>Transaction ID : SA11Al.11877</b>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33762</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Eshenbaugh Land Company</b>	Occupation <b>real estate broker</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>William Eshenbaugh</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 22 / 2014</b>
Mailing Address <b>2502 N. Rocky Point Drive, #675</b>		<b>Transaction ID : SA11Al.11840</b>
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33762</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Eshenbaugh Land Company</b>	Occupation <b>real estate broker</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**Full Name (Last, First, Middle Initial)  
**A. David Evans**

Mailing Address P.O. Box 620460

City	State	Zip Code
Oviedo	FL	32762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maury Carter and AssociatesOccupation  
realtor

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.11973

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**B. Pamela Fentress**

Mailing Address 300 Lost Lake Drive

City	State	Zip Code
Lake Placid	FL	33852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lost Lake GrovesOccupation  
citrus grower

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11961

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**C. Deborah H. Griffin**

Mailing Address 425 N. Lake Reedy Blvd.

City	State	Zip Code
Frostproof	FL	33843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.11905

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben H. Griffin, III**

Mailing Address **P. O. Box 128**

City <b>Frostproof</b>	State <b>FL</b>	Zip Code <b>33843</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Ben Hill Griffin, Inc.</b>	Occupation <b>agribusiness</b>
---	-----------------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.11903

Amount of Each Receipt this Period

<b>2500.00</b>
----------------

**B.** Full Name (Last, First, Middle Initial)  
**Amy Grissom**

Mailing Address **5150 Gentry Oaks Place**

City <b>St. Cloud</b>	State <b>FL</b>	Zip Code <b>34772</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>n/a</b>	Occupation <b>retired</b>
--------------------------------	------------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.11978

Amount of Each Receipt this Period

<b>200.00</b>
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Susan D. Hanas**

Mailing Address **2345 Mikler Road**

City <b>Oviedo</b>	State <b>FL</b>	Zip Code <b>32765</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>n/a</b>	Occupation <b>homemaker</b>
--------------------------------	--------------------------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11930

Amount of Each Receipt this Period

<b>250.00</b>
---------------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>2950.00</b>
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**Full Name (Last, First, Middle Initial)  
**A. John H. Hasley**

Mailing Address 8029 S. Bridge Way

City	State	Zip Code
Maumee	OH	43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.11975

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**B. Harry Hengel**

Mailing Address 3622 Bocage Drive, #1006

City	State	Zip Code
Orlando	FL	32812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.11855

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**C. Ann Hodges**

Mailing Address 8655 Glyborne Court

City	State	Zip Code
Orlando	FL	32825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**Full Name (Last, First, Middle Initial)  
**A. Nancy E. Jewell**

Mailing Address P. O. Box 421712

City	State	Zip Code
Kissimmee	FL	34742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11926

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. William Kempfer**

Mailing Address 6254 Kempfer Road

City	State	Zip Code
St. Cloud	FL	34773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kempfer Cattle Company

owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.12001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**C. Catherine Kluytenaar**

Mailing Address 1803 Sandhill Lane

City	State	Zip Code
Winter Haven	FL	33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Keller Williams

real estate broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

Transaction ID : SA11AI.11575

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Richard T. Lee**

Mailing Address P. O. Box 2113

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.11803

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Robert B. Lynds**

Mailing Address 628 Pinnacle Court

City

Mesquite

State

NV

Zip Code

89027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bulloch Brothers

Occupation

business development mgr.

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.11802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Maggie's List**

Mailing Address 6675 Weeping Willow Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing  
federal political committee.

C C00469023

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2014

Transaction ID : SA11AI.12219

Amount of Each Receipt this Period

25.00

earmark-Patricia Cafferata

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2725.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Cafferata**  
 Mailing Address 2636 Edgerock Road

City State Zip Code  
 Reno NV 89519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 25.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 01 2014

Transaction ID : SA11AI.12219.0

Amount of Each Receipt this Period

25.00

earmarked through Maggie's List

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**Marty McKenna**  
 Mailing Address 2551 Lakeview Drive

City State Zip Code  
 Sebring FL 33870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McKenna & Associates

Occupation  
president

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 26 2014

Transaction ID : SA11AI.11909

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark M. Miller**  
 Mailing Address 2730 Lartin Settlement Road

City State Zip Code  
 Kissimmee FL 34744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
entrepreneur

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 05 2014

Transaction ID : SA11AI.12053

Amount of Each Receipt this Period

500.00

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

A. Full Name (Last, First, Middle Initial)  
**Cornelius B. Myers, III**

Mailing Address 1277 Briggs Road

City	State	Zip Code
Babson Park	FL	33827

FEC ID number of contributing federal political committee.

C

Name of Employer  
 C.B. Myers, III, P.A.

Occupation  
 attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 18 / 2014

Transaction ID : SA11AI.11804

Amount of Each Receipt this Period

2600.00

B. Full Name (Last, First, Middle Initial)  
**Patricia Orner**

Mailing Address 4407 Suntan Drive

City	State	Zip Code
Kissimmee	FL	34746

FEC ID number of contributing federal political committee.

C

Name of Employer  
 SDOC

Occupation  
 teacher

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SA11AI.11721

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)  
**Henry H. Partin**

Mailing Address 5355 Canoe Creek Road

City	State	Zip Code
St. Cloud	FL	34772

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Doc Partin Ranch, Inc.

Occupation  
 cattleman

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SA11AI.11872

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**A. Jeffrey D. Perry**

Mailing Address 6130 Waterfield Way

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prudential Results Realty

Occupation

real estate broker

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.12147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ernest S. Pinner**

Mailing Address 54 Pine Forest Drive

City

Haines City

State

FL

Zip Code

33844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CenterState Banks, Inc.

Occupation

c.e.o.

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.12144

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Sara Putnam**

Mailing Address 2240 E. Helen Circle

City

Bartow

State

FL

Zip Code

33831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.11914

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....

650.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William Putnam</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 2240 E. Helen Circle		<b>Transaction ID : SA11AI.12232</b>	
City Bartow	State FL	Zip Code 33830	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Nizam Razack</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 7460 Doc's Grove Circle		<b>Transaction ID : SA11AI.11842</b>	
City Orlando	State FL	Zip Code 32819	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Spine & Brain Neurosurgery Ctr	Occupation surgeon		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>John K. Rittenour</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2014	
Mailing Address 2165 Alaqua Drive		<b>Transaction ID : SA11AI.11870</b>	
City Longwood	State FL	Zip Code 32779	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Office of America	Occupation chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2950.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ina Rohde</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 3600 Lake Tohopekaliga Road		<b>Transaction ID : SA11AI.11987</b>	
City St. Cloud	State FL	Zip Code 34772	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Raymond Roth</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 15385 Extroms		<b>Transaction ID : SA11AI.11949</b>	
City Wellington	State FL	Zip Code 33414	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1450.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Dixie Sansom</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P. O. Box 98		<b>Transaction ID : SA11AI.11770</b>	
City Cocoa	State FL	Zip Code 32923	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Dean P. Saunders**

Mailing Address 1421 Seville Place

City

Lakeland

State

FL

Zip Code

33803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saunders Real EstateOccupation  
realtor

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11Al.11912

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**John M. Sebree**

Mailing Address 1528 Golf Terrace

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida RealtorsOccupation  
executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : SA11Al.11667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Rahn Shaw**

Mailing Address 3067 Cecelia Drive

City

Apopka

State

FL

Zip Code

32703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11Al.11800

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Richard Stein</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 3355 Annandale Lane			<b>Transaction ID : SA11AI.12116</b>	
City	State	Zip Code		
Suwanee	GA	30024		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 150.00	
Name of Employer n/a		Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Victor Story</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 547 Clubhouse Drive			<b>Transaction ID : SA11AI.11917</b>	
City	State	Zip Code		
Lake Wales	FL	33898		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1600.00	
Name of Employer Story Groves		Occupation citrus grower		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jim Strickland</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 24615 Oak Knoll Road			<b>Transaction ID : SA11AI.12007</b>	
City	State	Zip Code		
Myakka City	FL	34251		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 100.00	
Name of Employer self-employed		Occupation rancher		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1850.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jim Strickland**  
 Mailing Address 24615 Oak Knoll Road

City State Zip Code  
 Myakka City FL 34251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 self-employed

Occupation  
 rancher

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 26 2014

Transaction ID : SA11AI.11901

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Hugh L. Taylor**  
 Mailing Address 11401 A. D. Taylor Road

City State Zip Code  
 Myakka City FL 34251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Taylor Cattle and Citrus

Occupation  
 farmer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 30 2014

Transaction ID : SA11AI.12148

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Leonard Thompson**  
 Mailing Address 6815 Old Melbourne Hwy.

City State Zip Code  
 St. Cloud FL 34771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation  
 minister

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 09 18 2014

Transaction ID : SA11AI.11857

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nadine Toomey</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 1505 Regal Cove Blvd.		<b>Transaction ID : SA11AI.11911</b>	
City Kissimmee	State FL	Zip Code 34744	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Nadine Toomey Interiors	Occupation owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Baxter Troutman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 2502 Partridge Drive		<b>Transaction ID : SA11AI.11907</b>	
City Winter Haven	State FL	Zip Code 33884	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Labor Solutions	Occupation owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Rebecca Troutman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 2502 Partridge Drive		<b>Transaction ID : SA11AI.11908</b>	
City Winter Haven	State FL	Zip Code 33844	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer n/a	Occupation homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 5250.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Victor Van Damme</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 5113 Patricia Avenue		<b>Transaction ID : SA11AI.12145</b>	
City Las Vegas	State NV	Zip Code 89130	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer n/a	Occupation retired	Election Cycle-to-Date 400.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lausanne M. Walter</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2014	
Mailing Address 9613 Alturas Babson Park Cutoff		<b>Transaction ID : SA11AI.11677</b>	
City Bartow	State FL	Zip Code 33830	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer n/a	Occupation homemaker	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Adrienne Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2014	
Mailing Address 7 Brogden Court, S.E.		<b>Transaction ID : SA11AI.11861</b>	
City Winter Haven	State FL	Zip Code 33880	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer n/a	Occupation retired	Election Cycle-to-Date 600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		800.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Adrienne Watkins**

Mailing Address 7 Brogden Court, S.E.

City

Winter Haven

State

FL

Zip Code

33880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.12149

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Dennis Wedgworth**

Mailing Address 13643 Staimford Drive

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
sugar farmer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11Al.11938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**George H. Wedgworth**

Mailing Address P. O. Box 2255

City

Belle Glade

State

FL

Zip Code

33430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
agribusiness

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11Al.11967

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Bradley D. Weihrauch**

Mailing Address P. O. Box 827

City

Waverly

State

FL

Zip Code

33877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ralph White GrowersOccupation  
president

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2014

Transaction ID : SA11Al.11676

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

48825.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**A Duda & Sons PAC, Inc.**

Mailing Address 1200 Duda Trail

City Oviedo	State FL	Zip Code 32762
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213231

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2014

Transaction ID : SA11C.11686

Amount of Each Receipt this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**Agricultural Retailers Association PAC**

Mailing Address 1156 15th Street, N.W., #302

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11C.11925

Amount of Each Receipt this Period

500.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Build PAC of the National Assn. of Home Builders**

Mailing Address 1201 15th Street, N.W.

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2014

Transaction ID : SA11C.11865

Amount of Each Receipt this Period

2000.00
---------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Florida Citrus Mutual PAC**  
Mailing Address 411 E. Orange Street

City State Zip Code  
Lakeland FL 33801

FEC ID number of contributing  
federal political committee.

**C** C00131607

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2014

**Transaction ID : SA11C.11902**

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Florida Farm Bureau Federation FEDPAC**  
Mailing Address 5700 S.W. 34th Street

City State Zip Code  
Gainesville FL 32608

FEC ID number of contributing  
federal political committee.

**C** C00283572

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 24 2014

**Transaction ID : SA11C.11920**

Amount of Each Receipt this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lummis for Congress**  
Mailing Address P. O. Box 52188

City State Zip Code  
Casper WY 82609

FEC ID number of contributing  
federal political committee.

**C** C00443580

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 26 2014

**Transaction ID : SA11C.11972**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**Lykes Bros., Inc. PAC**

Mailing Address 400 N. Tampa Street

City	State	Zip Code
Tampa	FL	33602

FEC ID number of contributing federal political committee.

**C** C00330290

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

**09** / **10** / **2014**

Transaction ID : SA11C.12066

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**National Cattlemen's Beef Assn. PAC**

Mailing Address 9110 E. Nichols Avenue

City	State	Zip Code
Centennial	CO	80112

FEC ID number of contributing federal political committee.

**C** C00028787

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

**09** / **24** / **2014**

Transaction ID : SA11C.11966

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**Tom Rooney for Congress**

Mailing Address 1133 Bal Harbor Blvd., #186

City	State	Zip Code
Punta Gorda	FL	33950

FEC ID number of contributing federal political committee.

**C** C00432906

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**09** / **10** / **2014**

Transaction ID : SA11C.11768

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

6200.00

**TOTAL** This Period (last page this line number only).....

13200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. African American Chamber-Central Florida**

Mailing Address 3201 E. Colonial Drive, #A-20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

City	State	Zip Code
Orlando	FL	32803

Amount of Each Disbursement this Period

395.00
--------

Purpose of Disbursement  
candidate booth

Candidate Name

Category/  
Type

Transaction ID : SB17.11852

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. B & B Promotions of Central Florida, LLC**

Mailing Address 4423 Albritton Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
St. Cloud	FL	34772

Amount of Each Disbursement this Period

10863.13
----------

Purpose of Disbursement  
fundraising consulting

Candidate Name

Category/  
Type

Transaction ID : SB17.11880

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. B & B Promotions of Central Florida, LLC**

Mailing Address 4423 Albritton Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
St. Cloud	FL	34772

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
fundraising consulting

Candidate Name

Category/  
Type

Transaction ID : SB17.11892

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15258.13



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. B & B Promotions of Central Florida, LLC**

Mailing Address 4423 Albritton Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
St. Cloud	FL	34772

Amount of Each Disbursement this Period

4071.34
---------

Purpose of Disbursement  
fundraising consultingCategory/  
Type

Transaction ID : SB17.11894

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Megan Becker**

Mailing Address 3332 Cecil Whaley Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

City	State	Zip Code
St. Cloud	FL	34772

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
campaign consultingCategory/  
Type

Transaction ID : SB17.11705

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Megan Becker**

Mailing Address 3332 Cecil Whaley Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

City	State	Zip Code
St. Cloud	FL	34772

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
campaign consultingCategory/  
Type

Transaction ID : SB17.11741

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5671.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**A. Megan Becker**

Mailing Address 3332 Cecil Whaley Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.12122

**B. Canoe Creek Sports Tavern**

Mailing Address 2911 Canoe Creek Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement  
food & beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

584.74
--------

Transaction ID : SB17.11765

**c. Capitol Caging Corporation**

Mailing Address 504 Shaw Road

City	State	Zip Code
Sterling	VA	20166

Purpose of Disbursement  
direct mail services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

18.75
-------

Transaction ID : SB17.12039

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1403.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Creative Contract Services**

Mailing Address 1115 Pennsylvania Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

City	State	Zip Code
Saint Cloud	FL	34769

Amount of Each Disbursement this Period

782.17
--------

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Transaction ID : SB17.11750

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Data Targeting, Inc.**

Mailing Address 6211 NW 132nd Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
Gainesville	FL	32653

Amount of Each Disbursement this Period

13750.00
----------

Purpose of Disbursement  
campaign consulting

Candidate Name

Category/  
Type

Transaction ID : SB17.11897

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Data Targeting, Inc.**

Mailing Address 6211 NW 132nd Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
Gainesville	FL	32653

Amount of Each Disbursement this Period

5398.01
---------

Purpose of Disbursement  
direct mail services

Candidate Name

Category/  
Type

Transaction ID : SB17.11898

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

19930.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. DonorBureau**

Mailing Address 1900 North Culpeper Street

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
direct mail services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

1077.14
---------

Transaction ID : SB17.12037

**B. FedEx**

Mailing Address 1210 12th Street

City	State	Zip Code
St. Cloud	FL	34769

Purpose of Disbursement  
delivery

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

18.50
-------

Transaction ID : SB17.11522

**c. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

42.23
-------

Transaction ID : SB17.11730

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1137.87

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

7.15
------

Transaction ID : SB17.12034

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.12035

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
credit card processing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.12036

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Folsom Family 2, LLC**

Mailing Address 25 E. 13th Street

City	State	Zip Code
Saint Cloud	FL	34769

Purpose of Disbursement  
office rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

1926.00
---------

Transaction ID : SB17.11703

**B. Grassroots Political Consulting**

Mailing Address P. O. Box 65459

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.11775

**c. Grassroots Political Consulting**

Mailing Address P. O. Box 65459

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement  
campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.11899

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9426.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Haines City Chamber of Commerce**

Mailing Address 35610 Highway 27

City	State	Zip Code
Haines City	FL	33844

Purpose of Disbursement  
candidate booth

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

623.95
--------

Transaction ID : SB17.11523

**B. Haines City Chamber of Commerce**

Mailing Address 35610 Highway 27

City	State	Zip Code
Haines City	FL	33844

Purpose of Disbursement  
candidate booth

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.11525

**c. Wendi Jeannin**

Mailing Address 4423 Albritton Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

Amount of Each Disbursement this Period

273.95
--------

Transaction ID : SB17.12047

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

623.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Jimmy Bear's BBQ**

Mailing Address 818 Pennsylvania Avenue

City	State	Zip Code
Saint Cloud	FL	34769

Purpose of Disbursement  
catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

Amount of Each Disbursement this Period

235.40
--------

Transaction ID : SB17.12047.1

[MEMO ITEM]

**B. Jimmy Bear's BBQ**

Mailing Address 818 Pennsylvania Avenue

City	State	Zip Code
Saint Cloud	FL	34769

Purpose of Disbursement  
food & beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

210.00
--------

Transaction ID : SB17.11706

**c. Karma Sign**

Mailing Address P. O. Box 421799

City	State	Zip Code
Kissimmee	FL	34742

Purpose of Disbursement  
campaign signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

2046.93
---------

Transaction ID : SB17.11769

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2256.93



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Kissimmee/Osceola Chamber of Commerce**

Mailing Address 1425 Vine Street

City	State	Zip Code
Kissimmee	FL	34744

Purpose of Disbursement  
event tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.11763

**B. Kissimmee/Osceola Chamber of Commerce**

Mailing Address 1425 Vine Street

City	State	Zip Code
Kissimmee	FL	34744

Purpose of Disbursement  
candidate booth

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.11886

**c. Cynthia Lopez**

Mailing Address 3332 Cecil Whaley Drive

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement  
campaign management

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.11887

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5550.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Shane Maloy**

Mailing Address 4875 Gabriella Lane

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement  
campaign management

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.11740

**B. OneBox**

Mailing Address 6922 Hollywood Blvd

City	State	Zip Code
Los Angeles	CA	90028

Purpose of Disbursement  
telephone

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

49.95
-------

Transaction ID : SB17.11526

**c. OneBox**

Mailing Address 6922 Hollywood Blvd

City	State	Zip Code
Los Angeles	CA	90028

Purpose of Disbursement  
telephone

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

49.95
-------

Transaction ID : SB17.11778

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2099.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Orlando Utilities Commission**

Mailing Address P. O. Box 31329

City	State	Zip Code
Tampa	FL	33631

Purpose of Disbursement  
utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.11733

**B. Osceola Woman Newspaper**

Mailing Address 3201 Budinger Avenue

City	State	Zip Code
Saint Cloud	FL	34769

Purpose of Disbursement  
luncheon tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.11760

**C. Parkway Plaza, LLP**

Mailing Address 101 Park Place Blvd., #3

City	State	Zip Code
Kissimmee	FL	34741

Purpose of Disbursement  
office rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

2090.00
---------

Transaction ID : SB17.11739

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2415.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**A. Puerto Rican Chamber of Commerce**

Mailing Address 672 N. Semoran Blvd., #204

City	State	Zip Code
Orlando	FL	32807

Purpose of Disbursement  
event sponsorship

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2014

Amount of Each Disbursement this Period

550.00
--------

Transaction ID : SB17.12044

**B. Republican Party of Florida**

Mailing Address 420 E. Jefferson Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement  
dinner tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.11779

**C. Rosen Shingle Creek**

Mailing Address 9939 Universal Blvd.

City	State	Zip Code
Orlando	FL	32819

Purpose of Disbursement  
food & beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

440.26
--------

Transaction ID : SB17.11758

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1240.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Jamie W. Sauer**

Mailing Address 2034 S.W. 8th Avenue

City	State	Zip Code
Boca Raton	FL	33486

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

3600.00
---------

Transaction ID : SB17.11882

**B. Jamie W. Sauer**

Mailing Address 2034 S.W. 8th Avenue

City	State	Zip Code
Boca Raton	FL	33486

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

6000.00
---------

Transaction ID : SB17.11883

**c. Shirt Designs**

Mailing Address 6405 Diane Court

City	State	Zip Code
Saint Cloud	FL	34771

Purpose of Disbursement  
campaign shirts

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

452.08
--------

Transaction ID : SB17.11702

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10052.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Simpkins Escrow LLC**

Mailing Address 29243 St. Just Drive

City	State	Zip Code
Unionville	VA	22567

Purpose of Disbursement  
escrow services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

182.05
--------

Transaction ID : SB17.12038

**B. St. Cloud Chamber of Commerce**

Mailing Address 1200 New York Avenue

City	State	Zip Code
St. Cloud	FL	34769

Purpose of Disbursement  
event ticket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : SB17.11752

**c. Terrie Lobb Catering, Inc.**

Mailing Address 1239 E. Main Street

City	State	Zip Code
Bartow	FL	33830

Purpose of Disbursement  
catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

338.39
--------

Transaction ID : SB17.11762

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

610.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. The Ritz Theatre 100, Inc.**

Mailing Address 263 E. Central Avenue

City	State	Zip Code
Winter Haven	FL	33880

Purpose of Disbursement  
facility rental

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.11521

**B. Transxt**

Mailing Address 190 Monroe Avenue, N.W., #500

City	State	Zip Code
Grand Rapids	MI	49503

Purpose of Disbursement  
credit card processing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

112.46
--------

Transaction ID : SB17.11718

**c. Transxt**

Mailing Address 190 Monroe Avenue, N.W., #500

City	State	Zip Code
Grand Rapids	MI	49503

Purpose of Disbursement  
credit card processing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

88.84
-------

Transaction ID : SB17.11786

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1001.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Transact**

Mailing Address 190 Monroe Avenue, N.W., #500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
Grand Rapids	MI	49503

Amount of Each Disbursement this Period

323.42
--------

Purpose of Disbursement  
credit card processingCategory/  
Type

Transaction ID : SB17.11879

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 4701 Old Canoe Creek Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

City	State	Zip Code
St. Cloud	FL	34769

Amount of Each Disbursement this Period

44.10
-------

Purpose of Disbursement  
postageCategory/  
Type

Transaction ID : SB17.11527

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. United States Postal Service**

Mailing Address 4701 Old Canoe Creek Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

City	State	Zip Code
St. Cloud	FL	34769

Amount of Each Disbursement this Period

98.00
-------

Purpose of Disbursement  
postageCategory/  
Type

Transaction ID : SB17.11754

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

323.42



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 4701 Old Canoe Creek Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

City	State	Zip Code
St. Cloud	FL	34769

Amount of Each Disbursement this Period

17	18	19a	19b	20a	20b	20c	21
						49.00	

Transaction ID : SB17.11755

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. VistaPrint**

Mailing Address 95 Hayden Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

City	State	Zip Code
Lexington	MA	02421

Amount of Each Disbursement this Period

17	18	19a	19b	20a	20b	20c	21
						26.25	

Transaction ID : SB17.11748

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Walmart Stores, Inc.**

Mailing Address 702 S.W. 8th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

City	State	Zip Code
Bentonville	AR	72716

Amount of Each Disbursement this Period

17	18	19a	19b	20a	20b	20c	21
						96.66	

Transaction ID : SB17.12043

Purpose of Disbursement  
event supplies

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

171.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

**A. Webelect.net, LLC**

Mailing Address 1256 Vinetree Drive

City	State	Zip Code
Brandon	FL	33510

Purpose of Disbursement  
database services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2014

Amount of Each Disbursement this Period

175.00
--------

Transaction ID : SB17.11607

**B. Wells Fargo**

Mailing Address 1222 East Vine Street

City	State	Zip Code
Kissimmee	FL	34744

Purpose of Disbursement  
endorsement stamp

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 22 / 2014

Amount of Each Disbursement this Period

39.23
-------

Transaction ID : SB17.11849

**c. Wells Fargo**

Mailing Address 1222 East Vine Street

City	State	Zip Code
Kissimmee	FL	34744

Purpose of Disbursement  
deposit slips

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 23 / 2014

Amount of Each Disbursement this Period

45.57
-------

Transaction ID : SB17.11848

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

259.80

79474.15



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 52 OF 55

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**B & B Promotions of Central Florida, LLC**Nature of Debt (Purpose):  
communications consulting

Mailing Address 4423 Albritton Road

City State Zip Code  
St. Cloud FL 34772

Outstanding Balance Beginning This Period

10863.13

Transaction ID : SD10.11609

Amount Incurred This Period

0.00

Payment This Period

10863.13

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Creative Direct**Nature of Debt (Purpose):  
Printing

Mailing Address 25 E. Main Street

City State Zip Code  
Richmond VA 23219

Outstanding Balance Beginning This Period

10670.00

Transaction ID : SD10.7449

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10670.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Data Targeting, Inc.**Nature of Debt (Purpose):  
direct mail services

Mailing Address 6211 NW 132nd Street

City State Zip Code  
Gainesville FL 32653

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12225

Amount Incurred This Period

9000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

19670.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 OF 55

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Data Targeting, Inc.**Nature of Debt (Purpose):  
survey

Mailing Address 6211 NW 132nd Street

City State

Zip Code

Gainesville

FL

32653

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12226

Amount Incurred This Period

6125.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

6125.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Data Targeting, Inc.**Nature of Debt (Purpose):  
website services

Mailing Address 6211 NW 132nd Street

City State

Zip Code

Gainesville

FL

32653

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12227

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Karma Sign**Nature of Debt (Purpose):  
campaign signs

Mailing Address P. O. Box 421799

City

State

Zip Code

Kissimmee

FL

34742

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12224

Amount Incurred This Period

2515.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

2515.07

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

10140.55

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 54 OF 55

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**OnPoint National Research**

Nature of Debt (Purpose):

Campaign Consulting

Mailing Address 2910 Kerry Forest Parkway  
#D4-166City State Zip Code  
Tallahassee FL 32309

Outstanding Balance Beginning This Period

11450.00

Transaction ID : SD10.7448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Carol Platt**

Nature of Debt (Purpose):

unreimbursed expenses

Mailing Address P. O. Box 172

City State Zip Code  
St. Cloud FL 34772

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12230

Amount Incurred This Period

1786.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

1786.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Robert Watkins & Company**

Nature of Debt (Purpose):

accounting services

Mailing Address 610 S. Boulevard

City State Zip Code  
Tampa FL 33606

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12228

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

19236.31

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 55 OF 55

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Carol Platt for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamie W. Sauer**Nature of Debt (Purpose):  
fundraising consulting

Mailing Address 2034 S.W. 8th Avenue

City State

Zip Code

Boca Raton

FL

33486

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12223

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Prosper Group**Nature of Debt (Purpose):  
Website

Mailing Address 435 East Main Street, #250

City State

Zip Code

Greenwood

IN

46143

Outstanding Balance Beginning This Period

5258.05

Transaction ID : SD10.7447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5258.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

7258.05

2) **TOTALS** This Period (last page this line number only) ..... ►

56304.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

56304.91